附件3：

**“展翼计划”助学项目拟受助对象家庭信息汇总表**

**填报单位：（盖章） 填写日期：**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **区县** | **姓名** | **性别** | **身份证号** | **录取学校** | **本人联系方式** | **监护人/直系亲属[[1]](#footnote-0)姓名** | **监护人/直系亲属联系方式** | **家庭情况介绍** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

1. [↑](#footnote-ref-0)